

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	101538	FILING DATE
APPLICANT(S),		

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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7	/					
8	/					
9	8					
10	8					
11	8					
12	0					
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	44	←	4	←		←
TOTAL CLAIMS	50		20			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL DEP.						
TOTAL CLAIMS						

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